Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(Column 1)		(Column 2)		1 .	TYPE		OR		
			16				[]	RATE	FEE	-	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA]	BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			Co minus 20=		• 6			x\$ 9=		OR	X\$18=	108
INDEPENDENT CLAIMS			7 minus 3 =		. 0			X43=	1	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* 11	the difference	less than ze	ess than zero, enter "0" in column 2			ı	TOTAL		OR	TOTAL	क्राई	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	1/22/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	24	Minus	-2	<i>p</i> .	3		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	SENDENT	SI AUA	= /	1 [X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							」	+145=		OR	+290=	
1 - 1-1								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
	7/1917	(Column 1)		_(Colum	n 2)	(Column 3)						
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.24	Minus	* H)		П	X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	••• <u>3</u>		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		1	+145=		OR	+290=	
							Δ	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• '	Minus	**			IΓ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	-		8	 	X43=			X86=	
_	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-	A-0-3		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * APDIT FEE												
****	f the "Highest Nur	mber Previously Paid ber Previously Paid	id For" IN THIS	SPACE IS	less than	3. enter *3.*	~	ODIT. FEE L		•	DDM. FEE L IMM 1.	